

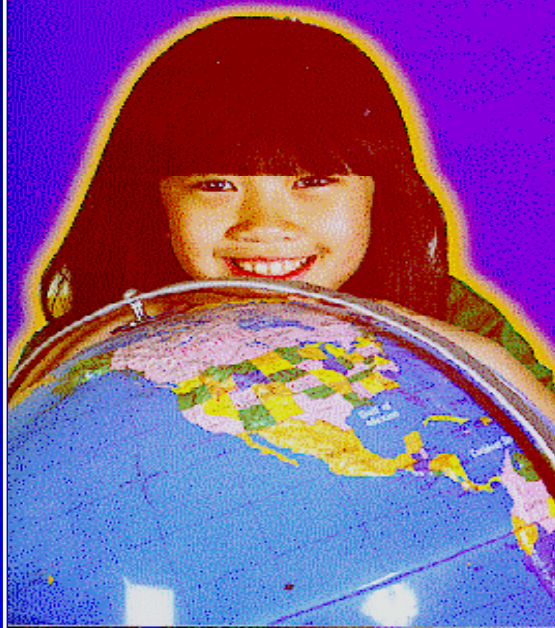
# **The Coordinated School Health Program: Best Practices**

Diane DeMuth Allensworth

Sacramento, January 16,

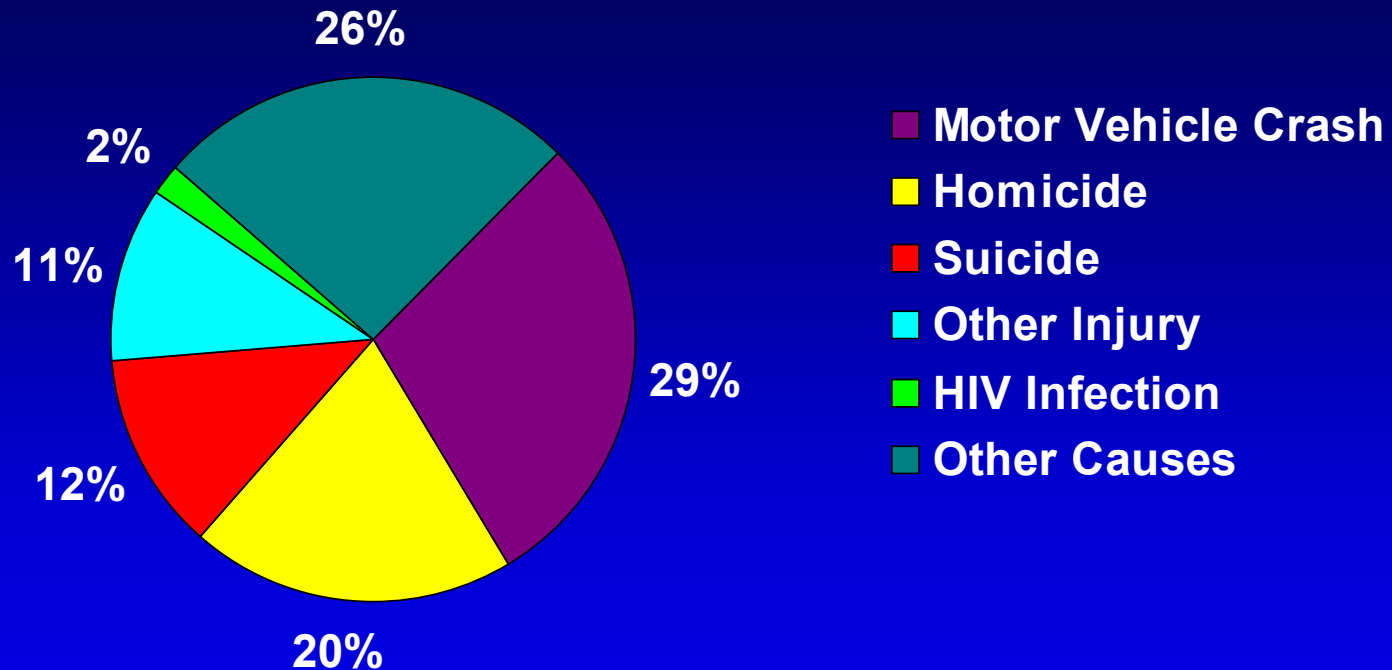
2003

Healthy Kids Make  
Better Students.  
Better Students Make  
Healthy Communities.



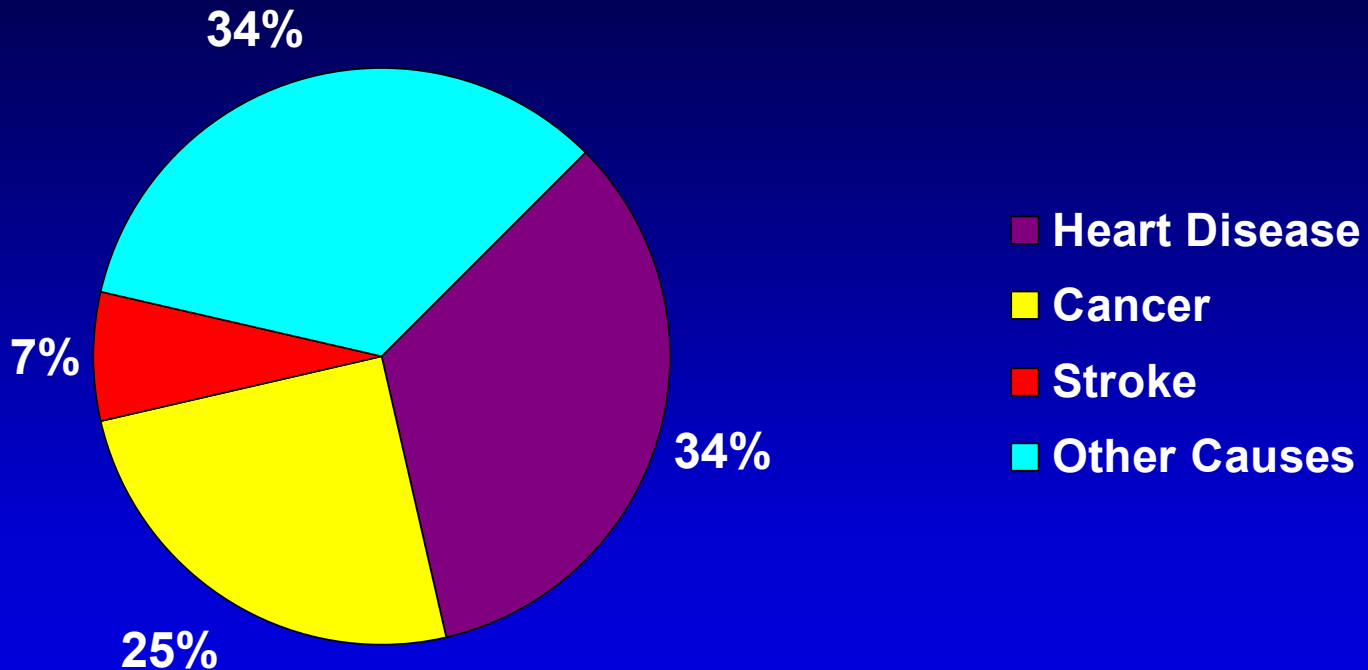
Why Support a Coordinated Approach to School Health.  
Washington, D.C.: CCSSO and ASTHO, 1999

# Leading Causes of Mortality and Morbidity Among 5-24 Year-Olds in the United States



- Behaviors that Result in Unintentional and Intentional Injuries
- Alcohol and Other Drug Abuse
- Sexual Behaviors that Result in HIV Infection, Other STDs, and Unintended Pregnancy

# Leading Causes of Mortality and Morbidity Among Adults 25 Years-Old and Older in the United States



- Heart Disease
- Cancer
- Stroke
- Other Causes

- Tobacco Use
- Dietary Patterns
- Physical Inactivity

# ***Healthy People 2010***

- 467 National Health Objectives
- 107 of the National Health Objectives directed toward the health of adolescents
- 10 of the 107 Objectives pertain to schools and the prevention of chronic diseases

**Draft - Draft - Draft - Draft - Draft - Draft - Draft**

**—**

**BEST PRACTICES THAT STATES CAN  
EXECUTE TO ENSURE & SUPPORT  
Coordinated School Health Programs (CSHP)  
AS WELL AS IMPROVE HEALTH AND  
ACADEMIC OUTCOMES AMONG YOUTH**

# **Draft-Eight Priorities for State Education and Health Agencies To Implement:**

1. Monitor critical behaviors and policies/programs.
2. Maintain program management/administrative support systems.
3. Build partnerships among governmental and non-governmental agencies.
4. Implement state policies to support implementation of School Health Guidelines at local education level.

# **Draft- Eight Priorities for State Education and Health Agencies To Implement:**

5. Implement technical assistance & resource plan for LEAs.
6. Implement health communication strategies for decision makers & the public.
7. Implement a professional development program for LEAs.
8. Establish a system for evaluating and continuously improving state and local school health policies and programs.



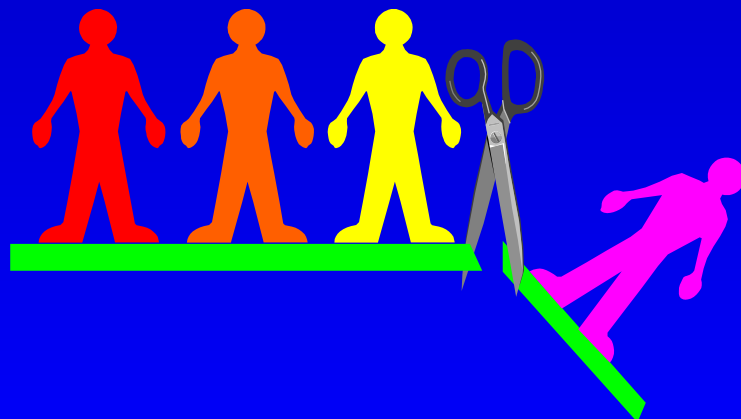
# **Draft- Best Practices for the Coordinated School Health Program (CSHP) at the Local Education Agency Level**

- Focus on priority behaviors
- Coordinate multiple components
- Use multiple strategies
- Coordinate activities of others agencies/families
- Use a program planning practice to achieve health promotion goals

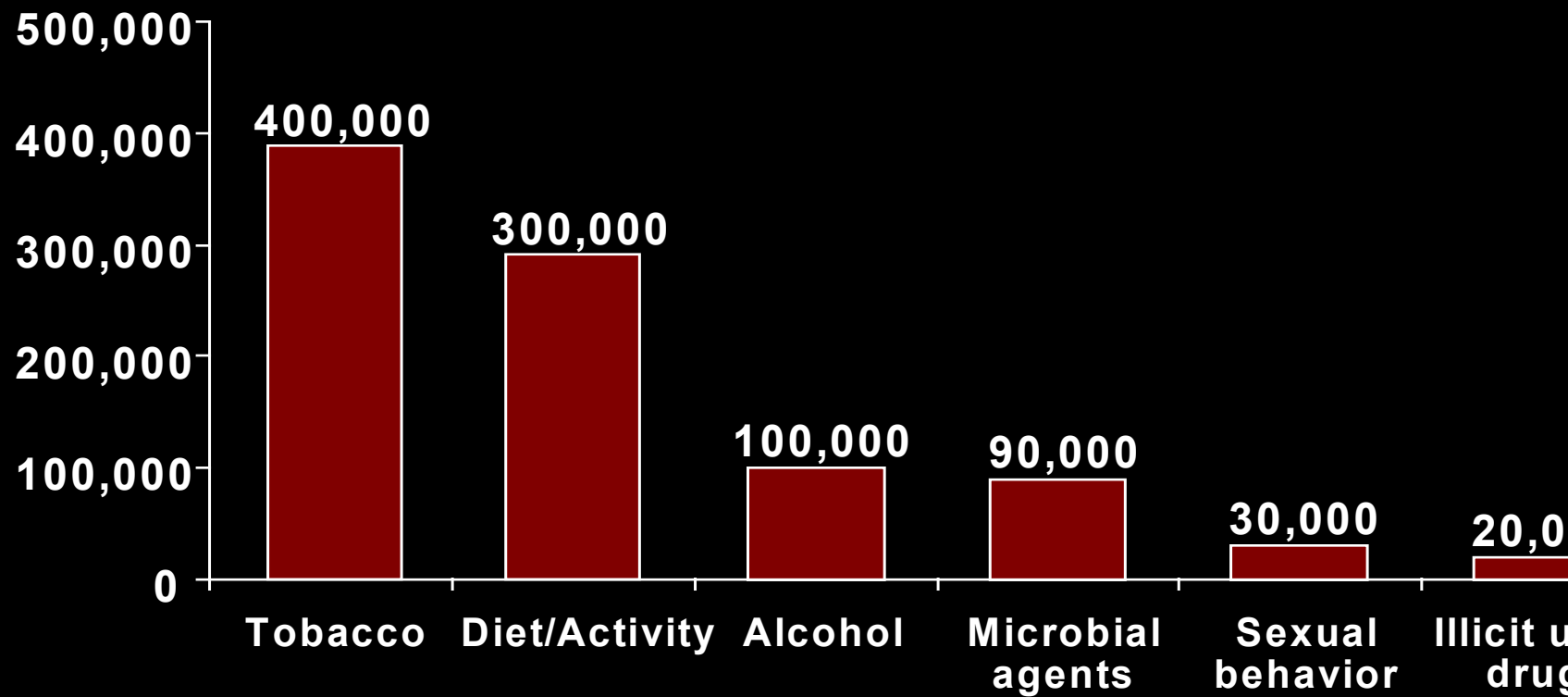
# The CSHP Focus on Priority Behaviors That Interfere With Learning and Long-term Well Being

## Behaviors leading to:

- ▶ Unintentional injury and intentional injury
- ▶ Behaviors leading to HIV, other STDs and unintentional pregnancy
- ▶ Alcohol and other drug use
- ▶ Tobacco use
- ▶ Poor nutrition
- ▶ Lack of physical activity



# Actual Causes of Death in the United States, 1990



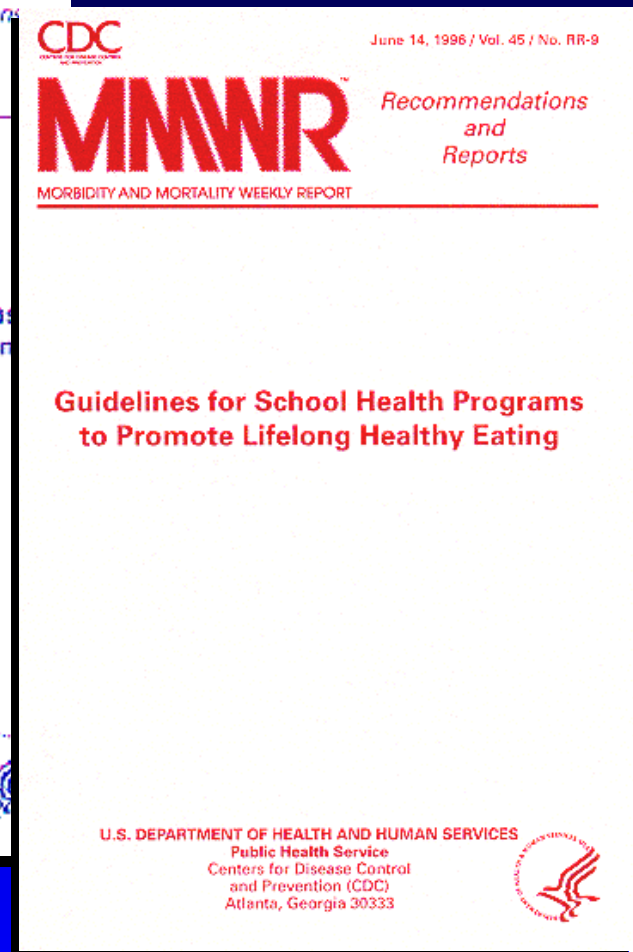
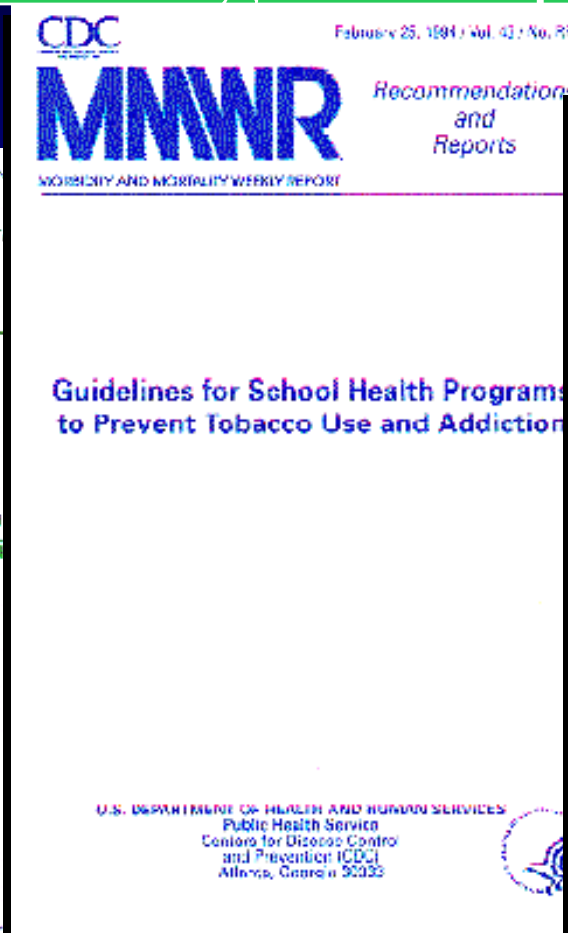
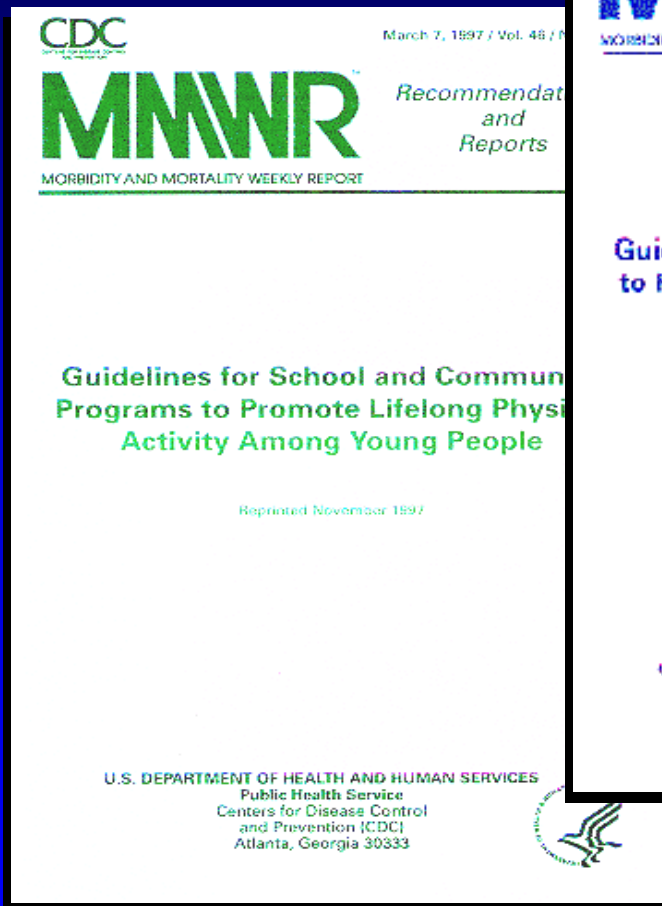
Source: McGinnis JM, Foege WH. JAMA 1993;270:2207

# Factors Determining Health Status

Factors	Percentage Contribution
Heredity	20%
Environmental	20%
Health Care Delivery System	10%
Life Style	50%

# Where to Begin? Implementing the CDC Guidelines

<http://weblink.cdc.gov/nccdphp/dash/guidelines>



# Fit, Healthy, and Ready to Learn

Part I:  
Physical Activity,  
Healthy Eating, and  
Tobacco-Use  
Prevention



A SCHOOL HEALTH POLICY GUIDE

[www.nasbe.org/HealthySchools/nasbepubs.mgi](http://www.nasbe.org/HealthySchools/nasbepubs.mgi)



# School Health Index

FOR PHYSICAL ACTIVITY AND HEALTHY EATING



***A Self Assessment and Planning Guide***

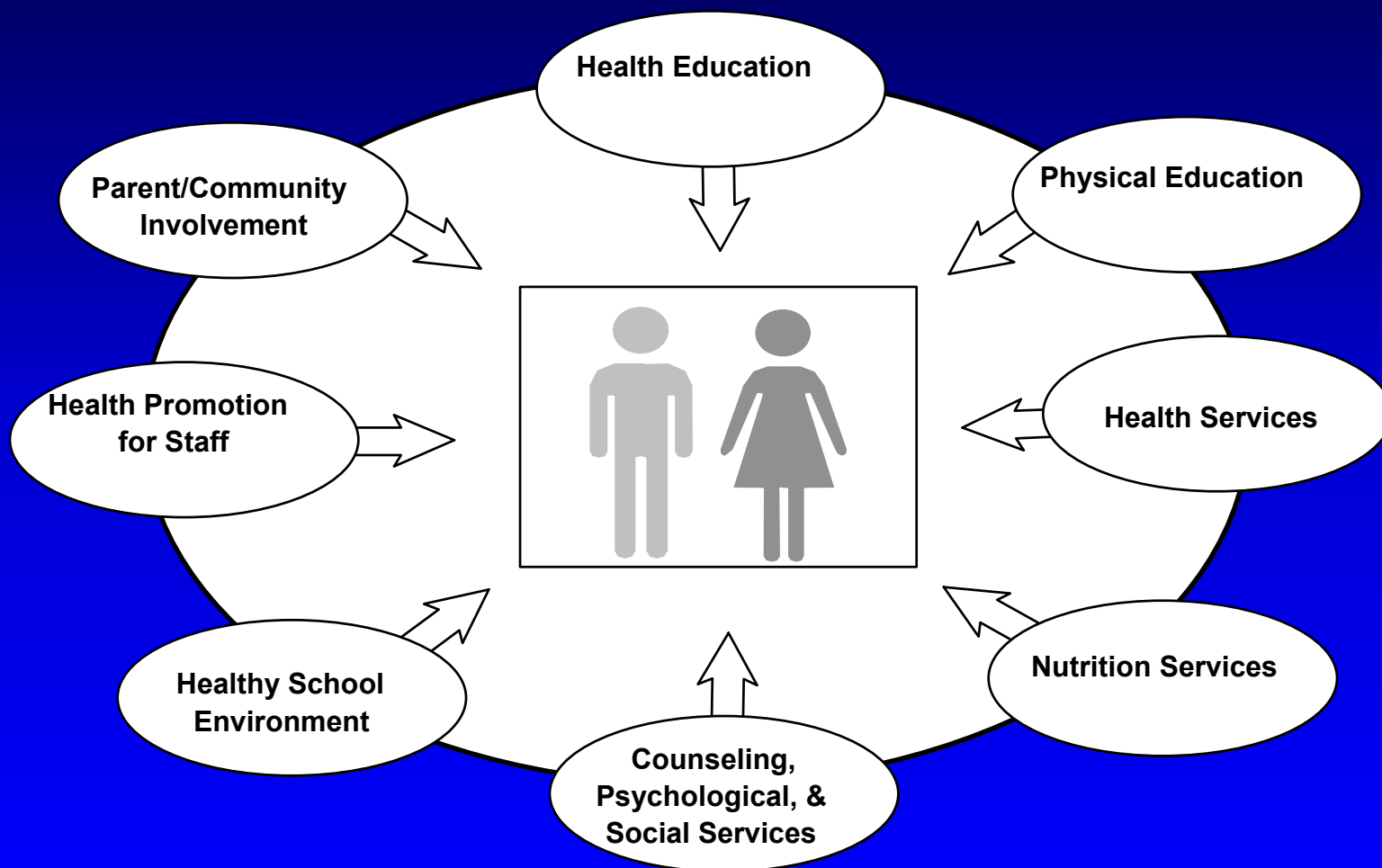


U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



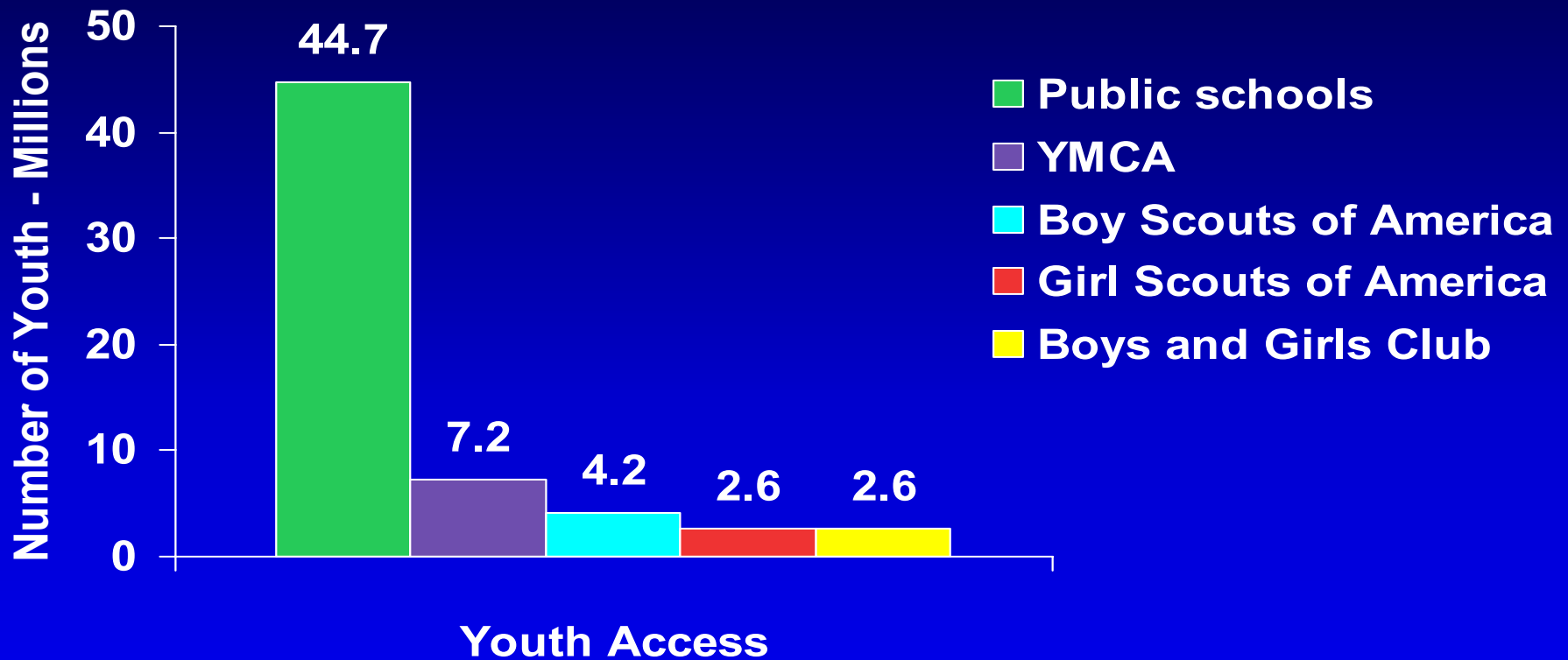
<http://www.cdc.gov/healthyyouth/dash/SHI>

# The CSHP Utilizes Multiple Components





# Why Focus on Schools?



Source: American Cancer Society

# Why Focus on the School?

- 98% of youth 5-17 are students
- 46 million young people attend 100,000 schools daily
- 6 million adults work as teachers/staff in schools
- Combining students and adults, 1/5 of the U.S. population can be found in schools

# Linking Health and Academic Achievement

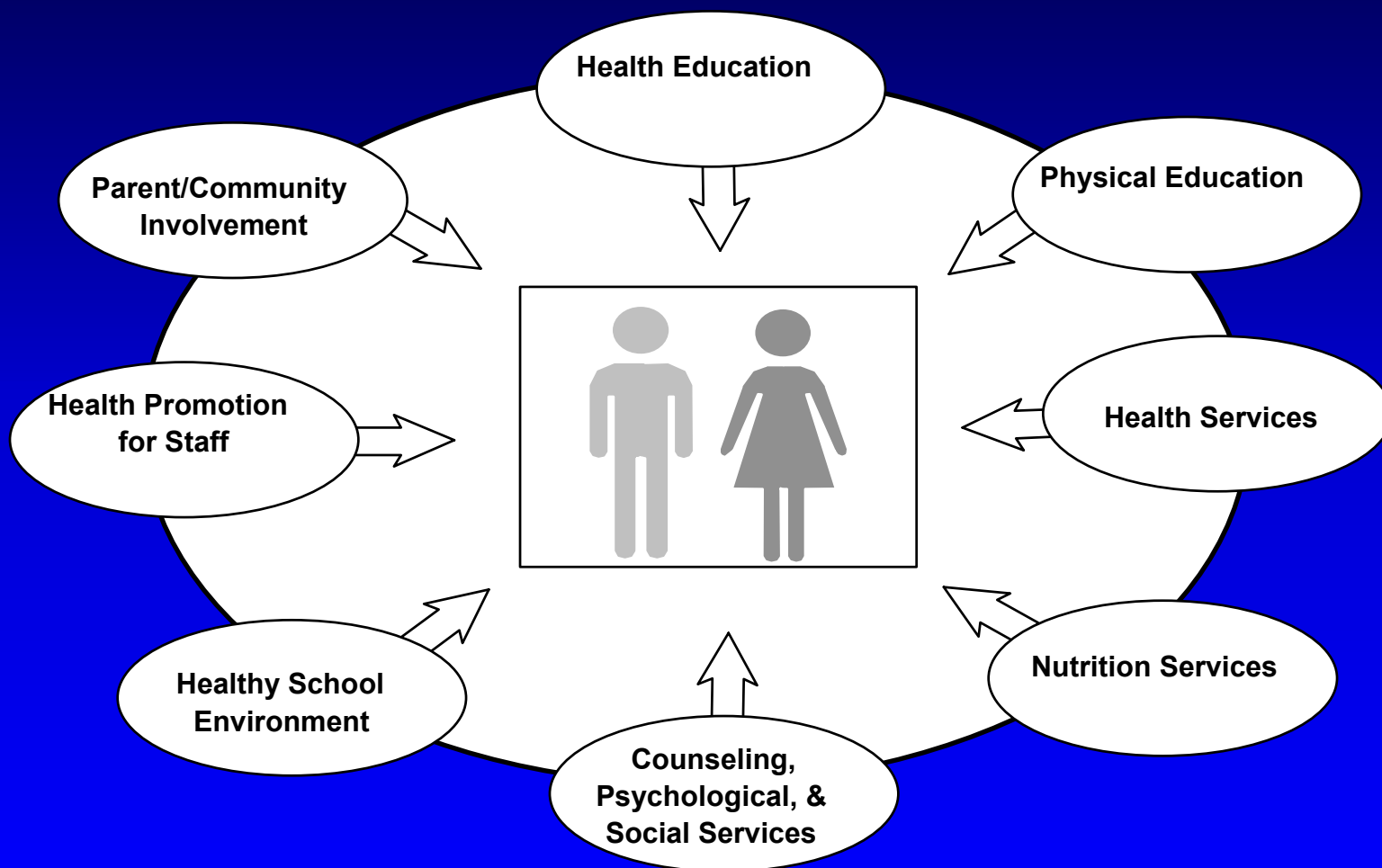
## “Making the Connection: Health and Student Achievement”

*A presentation produced by  
the Association of State and Territorial Health Officials  
and*

*the Society of State Directors of Health, Physical  
Education and Recreation*

[rsee@aahperd.org](mailto:rsee@aahperd.org)

# The CSHP Utilizes Multiple Components



# Essential Functions of a Healthy School Environment

- Minimizes physical, psychological and social hazards
- Creates a climate in which students & staff do their best work
- Expects that all students can succeed
- Implements supportive policies

Marx, E & Wooley SF: Health is Academic. New York: Teachers College Press, 1988.

# The CSHP: Addresses Structural / Environmental Changes as Well as Lifestyle Changes

- Caring and nurturing school/ community/ family environment
- High expectations for student success
- Youth empowerment

Citation: Bernard B. Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community. Portland OR: Western Center for Drug Free Schools & Communities, 1991.

# School Environment Counts

- School connectedness is associated with less participation in every health risk behavior studied.

Citation: Resnick M, et al. *Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health*. JAMA. September 10, 1997(278:10); 823-832.

# Protecting Kids from Harm: What Makes a Difference?

## → Methodology

- In-home interview of more than 12,000 youth
- Income, gender, ethnicity, family structure controlled

## → Results

- Family, school, & individual factors count

Citation: Resnick M, et al. *Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health*. JAMA. September 10, 1997(278:10); 823-832.



# School Connectedness Depends On

- Caring teachers
- Respectful teachers

itation: Resnick M, et al. *Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health*. JAMA. September 10, 1997(278:10); 823-832.

# Heart Health of Adolescents and Youth

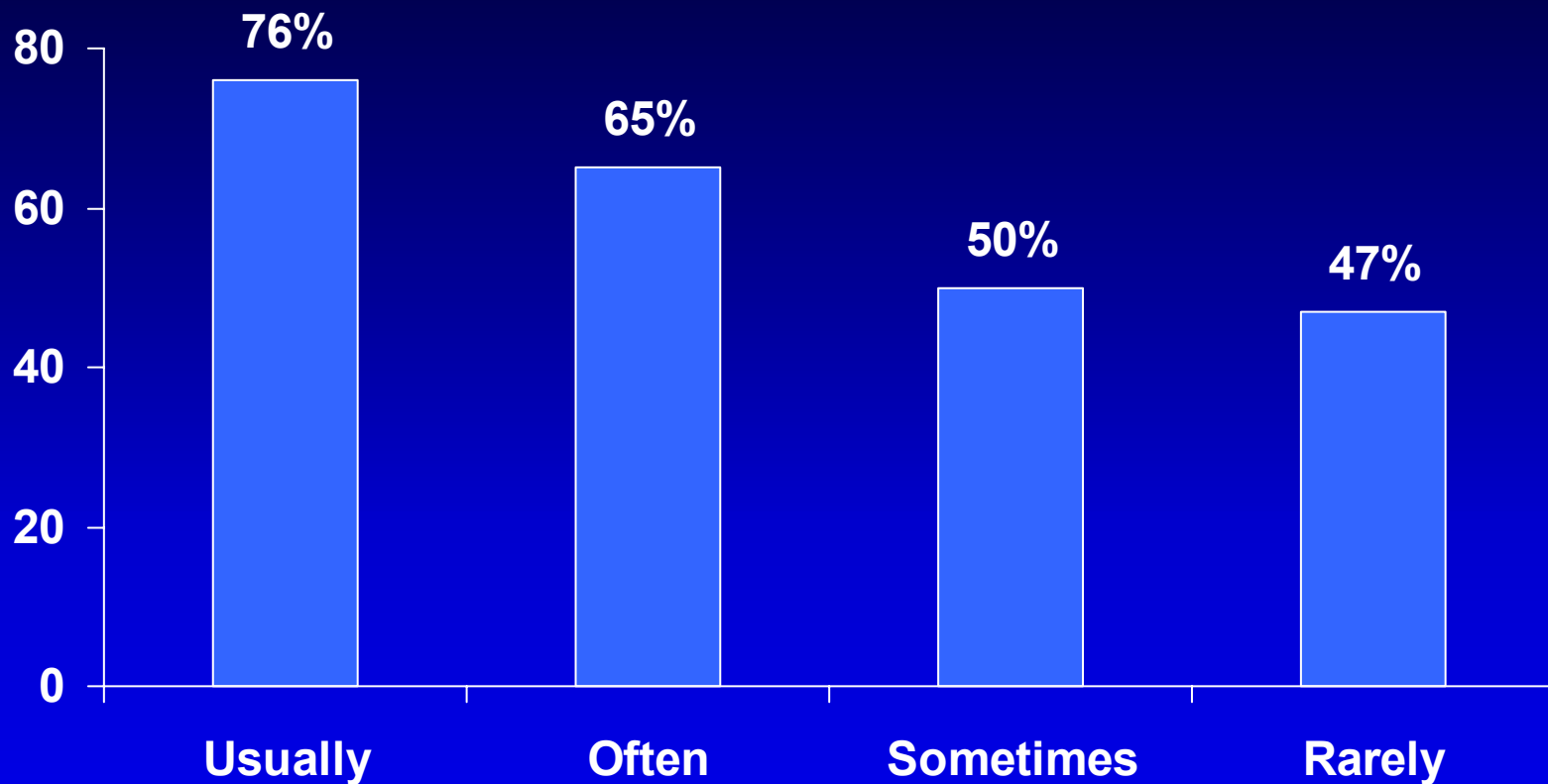
→ A dose - responsible relationships

“the more they feel loved...  
...the healthier they are”

Citation: Rootman I & Warren R, Heart Health of Adolescents and Youth. Presentation at  
Joint ASHA & CASH meeting.  
Toronto, Canada, July 1989.

# Adolescents and Youth

## % Rating Health as “Excellent / Very Good”



**“I feel loved and appreciated”**

# Adolescents Who Say That They Feel Loved and Appreciated Most of the Time Are:

- 3 times less likely to report recent illnesses
- 3 times less likely to report repeated health care visits
- 4 times more likely to be in excellent health
- 13 times less likely to have considered suicide
- 15 times less likely to be in poor health

**Than those who hardly ever feel loved or appreciated**

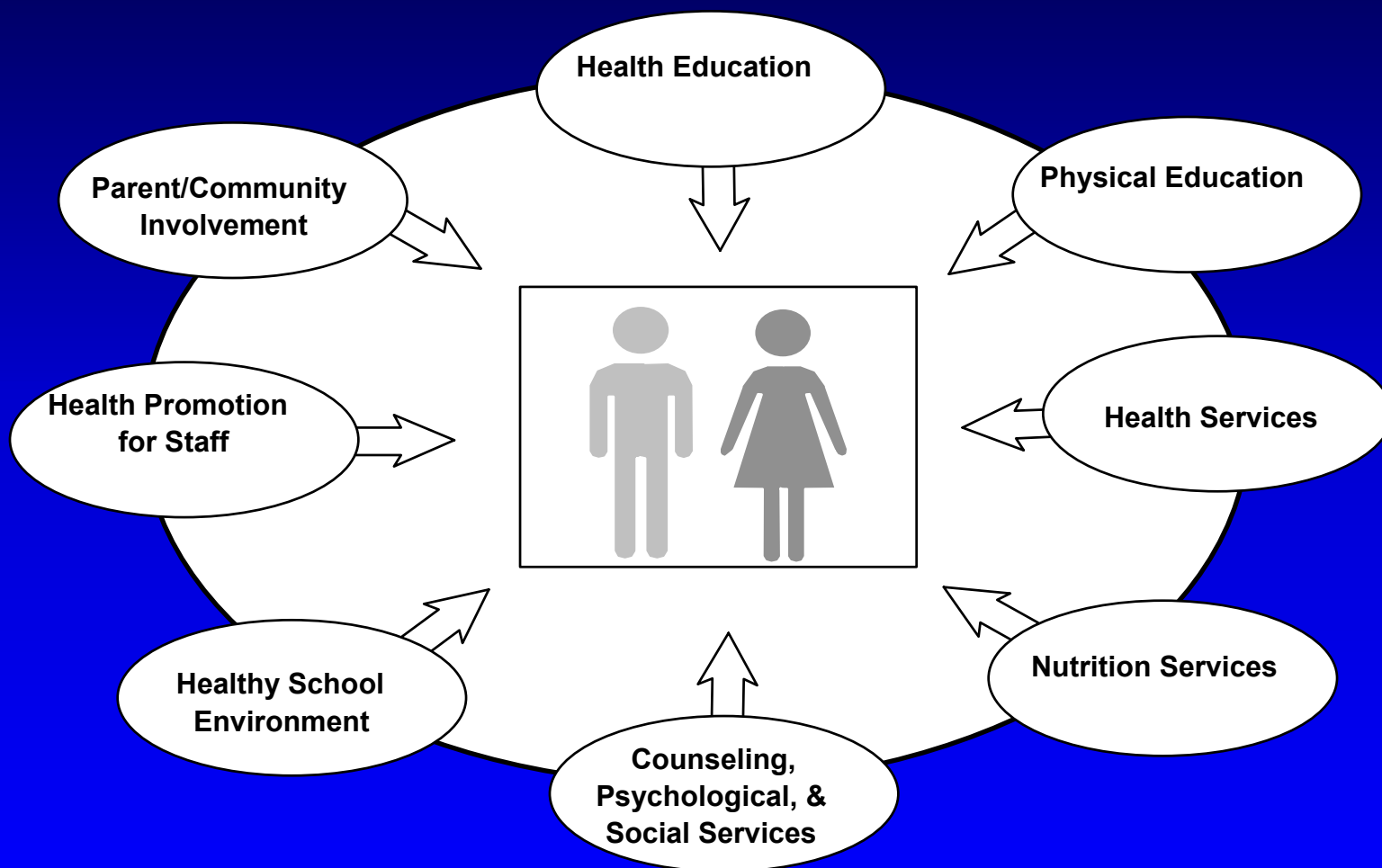
# Adolescents Who Say That They Feel Loved and Appreciated Most of the Time Are:

- 3 times less likely to smoke cigarettes
- 2 times less likely to use cannabis
- 3 times less likely to drink to excess
- 5 times less likely to engage in unsafe sex
- 4 times more likely to get regular exercise

**Than those who hardly ever feel loved or appreciated**

Citation: Rootman I & Warren R, Heart Health of Adolescents and Youth. Presentation at Joint ASHA & ASH meeting.  
Toronto, Canada, July 1989.

# A Comprehensive School Health Program



# The CSHP Uses Multiple Health Promotion Strategies:

- Policy Mandates
- Curriculum development and selection
- Instruction
- Environmental Change/Facility Modification
- Direct Intervention & Services
- Professional Development

# **The CSHP: Coordinates the Efforts of Faculty, Staff, Administration, Student, Families and Community Personnel**

- Interdisciplinary activities
- School wide activities
- Interagency activities
- School-home activities

## **Why Get Together?**



# Strategies for Coordinating the School Health Program

- School Health Coordinator
- School Health Committee
- Community-School Health Coordinating Council
- State School Health Coordinating Council

# The CSHP Accomplishes Health Promotion Goals Via Program Planning Process:

- Involving people
- Assessing need: behavior / problems / programs
- Planning
- Implementation
- Evaluation





# School Health Index

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U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



<http://www.cdc.gov/healthyyouth/dash/SHI>

# **Draft- Best Practices for the Coordinated School Health Program (CSHP) at the Local Education Agency Level**

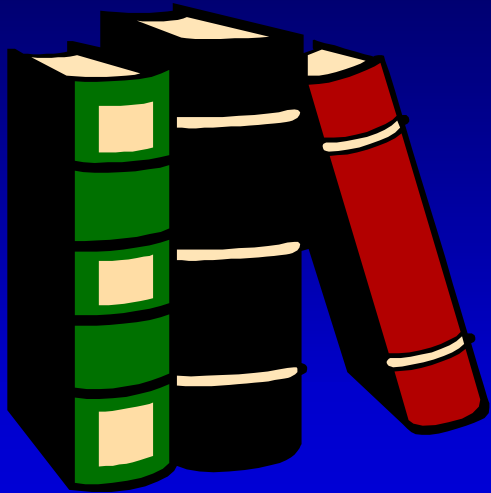
- Focus on priority behaviors
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**A student who is not healthy...is a student who will not profit from the educational process.**

**M.J. McGinnis**

# School Health Programs: An Investment In Our Future



“Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives.”

Carnegie Council on Adolescent Development